

**UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

**UNITED STATES OF AMERICA,**

**Plaintiff,**

**v.**

**COOK COUNTY, ILLINOIS;  
THOMAS DART, COOK COUNTY  
SHERIFF (in his official capacity);  
TONI PRECKWINKLE, COOK COUNTY  
BOARD PRESIDENT (in her official capacity);  
COOK COUNTY BOARD OF  
COMMISSIONERS (in their official capacity),**

**Defendants,**

**No. 10-cv-2946**

**Honorable Judge Virginia Kendall**

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**Monitor Esmaeil Porsa, MD Report No. 15**

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Esmaeil Porsa, MD, MPH, CCHP  
Associate Chief Medical Officer  
Senior Vice President  
Professional and Academic Affairs  
5201 Harry Hines Boulevard  
Dallas, Texas 75235-7746  
[esmaeil.porsa@phhs.org](mailto:esmaeil.porsa@phhs.org)

**Cook County Jail**

**Fifteenth Monitoring Report**

**by**

**Esmail Porsa, MD, MBA, MPH, CCHP-P, CCHP-A**

**November 2017**

## **EXECUTIVE SUMMARY**

During the week of November 13, 2017, the Medical Monitoring Team (Monitoring Team) visited Cook County Jail. The team included: Esmaeil Porsa, MD, MBA, MPH, CCHP-P, CCHP-A, Muthusamy Anandkumar, MD, MBA, Madeleine LaMarre FNP-BC, and Linda Pansulla, RN, MBA, CCHP. The Monitoring Team visited many of the Cook County Jail medical facilities and housing units. We also interviewed various Cermak and Cook County Department of Corrections (CCDOC) leadership and front line staff as well as Cook County Jail inmates. We extend our most sincere thanks to all the Cermak and CCDOC leadership and staff for their hospitality and generosity with their time and resources. We additionally thank Cermak and CCDOC leadership and staff for their openness to the Monitoring Team suggestions and our critical appraisal of Cermak's processes and activities over the past six months. Cook County Jail Cermak and CCDOC personnel were completely cooperative and helpful in this monitoring visit. The Monitoring Team enjoyed full and unhindered access to all areas and staff.

Our last visit in April 2017 marked the first time that Cermak achieved substantial compliance with all 21 provisions of the Agreed Order. At that time, the Monitoring Team encouraged Cermak to continue on their path to continued system improvement and warned Cermak against complacency. We are happy to report that Cermak has embraced the continued system improvement mantra and has sustained substantial compliance in every element of the agreed order since our last visit. An area that deserves a special mention is the creation of EHR based health services request scheduling and tracking tool and dashboard which allows Cermak to have real time understanding of health service request forms that have gone unanswered past a specific deadline. We believe this to be a best in class initiative and one that we hope Cermak will share with the rest of the correctional health care providers in this country.

All provisions previously in substantial compliance remained in substantial compliance. This means that at this time, all provisions of the agreed order have remained in substantial compliance for at least 6 months. There are still, however, opportunities for improvement with respect to classification and documentation of nurse triage decisions, quality of nursing assessments and related documentation. We also have concerns about timely access of patients with urgent dental complaints and a breakdown of access to care in selected areas of the jail. These areas must be adequately addressed prior to the next monitoring visit to maintain substantial compliance in access to care.

As discussed in our exit meeting, the Monitoring Team would like to congratulate Cermak and CCDOC for their continued commitment to maintaining a robust and functional partnership that is with no doubt one of the main reasons for the continued success and efficacy of both entities in the provision of correctional health care services in a safe environment.

Considering the current status of Cermak with regard to the achievement of substantial compliance with all the provisions of the agreed order, the Monitoring Team will continue with its abbreviated visit of two full days with only four monitors. Our next visit is currently scheduled for the week of April 30<sup>th</sup>, 2018 with the exit conference scheduled for 9am on Wednesday May 2<sup>nd</sup>.

## **Introduction and Report Organization**

On November 14, 2017, the population of Cook County Jail was reported as 6,434. There were another 2,205 inmates listed under “Community Corrections Population” bringing the total under custody population to 8,639. This was the lowest census at Cook County Jail since this Monitoring Team began visiting Cermak four years ago.

## **Definitions and Organization**

This report is formatted in the manner requested by the Department of Justice and closely follows the Agreed Order. The report includes four parts for each section of the Agreed Order.

In part one; we rewrite verbatim the pertinent portion of the Agreed Order. This first part is labeled Remedial Measure of Agreed Order.

The second part is the overall compliance rating labeled Compliance Assessment. This is the assessment that the Monitoring Team experts make based on judgment, data, and chart reviews. Throughout this Agreed Order, the following terms are used when discussing compliance: substantial compliance, partial compliance, and non-compliance: “Substantial Compliance” indicates that the relevant Defendant(s) has achieved compliance with most or all components of the relevant provision of the Agreed Order. “Partial Compliance” indicates that compliance has been achieved on some of the components of the relevant provision of the Agreed Order, but significant work remains. “Non-compliance” indicates that most or all of the components of the Agreed Order provision have not yet been met. Non-compliance means that much work needs to be done before compliance is met. When indicated, the Monitoring Team will additionally assess the various components (sub-bullet points) of certain sections of the Agreed Order. Our goal is to highlight areas of success and bring focus to areas that need further refining and attention.

The third part is the factual basis for forming the opinion in the Compliance Assessment. This will be as data driven as possible. For patient care areas, chart reviews form a substantial portion of this review. Touring, interviews, and reviewing data sources is also an important means of making assessments.

The fourth part is our recommendations. These recommendations are our view of what needs to be accomplished to attain and maintain compliance. This will include the Monitoring Team's recommendations for self-monitoring activities and audits.

## **HEALTH CARE SERVICES: ELEMENTS COMMON TO MEDICAL AND MENTAL HEALTH**

### **41. Inter-Agency Agreement**

- a. CCDOC shall enter into a written Inter-Agency Agreement with Cermak that delineates the mutual responsibilities of each party, relative to the provision of health care to inmates at the Facility. The Inter-Agency Agreement shall be finalized within 60 days of the effective date of this Agreed Order.
- b. Cermak shall enter into a written Inter-Agency Agreement with CCDOC that delineates the mutual responsibilities of each party, relative to the provision of health care to inmates at the Facility. The Inter-Agency Agreement shall be finalized within 60 days of the effective date of this Agreed Order.

### **Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot check monitoring as indicated.

### **Monitor's Findings:**

Spot checking showed no lapses in compliance.

### **Monitor's Recommendations:**

None.

### **42. Policies and Procedures**

Cermak shall provide adequate services to address the serious medical and mental health needs of all inmates, in accordance with generally accepted professional standards. The term "generally accepted professional standards" means those industry standards accepted by a

majority of professionals in the relevant field, and reflected in the standards of care such as those published by the National Commission on Correctional Health Care (“NCCHC”).

- a. Cermak shall develop and implement medical care policies, procedures and practices to address and guide all medical care and services at the Facility, including, but not limited to the following:
  - i. access to medical care
  - ii. continuity of medication
  - iii. infection control
  - iv. medication administration
  - v. intoxication and detoxification
  - vi. documentation and record keeping
  - vii. disease prevention
  - viii. sick call triage and physician review
  - ix. intake screening
  - x. chronic disease management
  - xi. comprehensive health assessments
  - xii. mental health
  - xiii. women’s health
  - xiv. quality management
  - xv. emergent response
  - xvi. infirmary care
  - xvii. placement in medical housing units
  - xviii. handling of grievances relating to health care



- xix. mortality review
- xx. care for patients returning from off-site referrals
- c. Cermak shall develop and implement policies, procedures and practices to ensure timely responses to clinician orders including, but not limited to, orders for medications and laboratory tests. Such policies, procedures and practices shall be periodically evaluated to ensure timely implementation of clinician orders.

**Compliance Status:**

This provision remains in substantial compliance.

**Monitor's Findings:**

A printed copy of the existing Cermak policy and procedures was reviewed. Policy and procedures were either up to date or had recently been revised so no recent staff education on revised policies had occurred. There were no new policies since our last visit in April 2017. The Monitoring Team specifically asked for and received current policy and procedures for Non-Emergent Health Care Requests and Services (last revision May 2017). We find this policy up to date and generally aligned with the NCCHC standards with one minor exception with regard to urgent health care requests and services.

**Monitor's Recommendations:**

The Monitoring Team recommends the creation of a new policy for handling of urgent health care requests.

**43. Medical Facilities**

- a. CCDOC will work with Cermak to provide sufficient clinical space, as identified by Cermak staff, to provide inmates with adequate health care to meet the treatment needs of

detainees, including: intake screening; sick call; medical and mental health assessment; acute, chronic, emergency and specialty medical care (such as geriatric and pregnant inmates); and acute, chronic and emergency mental health care.

- b. Cermak shall make known to CCDOC and Cook County its needs for sufficient clinical space, with access to appropriate utility and communications capabilities, to provide inmates with adequate health care to meet the treatment needs of inmates including: intake screening; sick call; medical and mental health assessment; acute, chronic, emergency and specialty medical care (such as geriatric and pregnant inmates); and acute, chronic and emergency mental health care.
- c. Cook County shall build out, remodel, or renovate clinical space as needed to provide inmates with adequate health care to meet the treatment needs of detainees as identified by Cermak staff including: intake screening; sick call; medical and mental health assessment; acute, chronic, emergency and specialty medical care (such as geriatric and pregnant inmates); and acute, chronic and emergency mental health care.
- d. Cermak shall ensure that medical areas are adequately clean and maintained, including installation of adequate lighting in examination rooms. Cermak shall ensure that hand washing stations in medical care areas are fully, equipped, operational and accessible.
- e. Cermak shall ensure that appropriate containers are readily available to secure and dispose of medical waste (including syringes and medical tools) and hazardous waste.
- f. CCDOC shall allow operationally for inmates reasonable privacy in medical and mental health care, and shall respect the confidentiality of inmates' medical status, subject to legitimate security concerns and emergency situations. Reasonable privacy typically

includes sight and hearing privacy from other inmates, and hearing privacy from staff that are not providing care.

- g. Cermak shall make known to CCDOC and Cook County the structural and operational requirements for inmates' reasonable privacy in medical and mental health care. Cermak shall provide operationally for inmates' reasonable privacy in medical and mental health care and shall respect the confidentiality of inmates' medical status, subject to legitimate security concerns and emergency situations. Reasonable privacy typically includes sight and hearing privacy from other inmates, and hearing privacy from staff that are not providing care.
- h. Cook County shall build out, remodel or renovate clinic space as needed to allow structurally for inmates' reasonable privacy in medical and mental health care, as identified by Cermak and CCDOC staff.
- i. Cook County shall begin construction of the new clinical space within 3 months of the effective date of this Agreed Order. It is expected that the project will be completed within nine months of the effective date of this Agreed Order. Prior to the completion of the new clinical space, Cook County and DFM will work with Cermak to address the most serious concerns regarding clinical space, to the extent possible in the current facility.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such is no longer being monitored except for spot check monitoring as indicated.

**Monitor's Findings:**

Spot checking showed that medical facilities remain in substantial compliance.

**Monitor's Recommendations:**

Sustain improvements in clinic organization and sanitation. Ensure that environmental cleaning takes place as scheduled in the Divisions and Cermak administrative areas.

**44. Staffing, Training, Supervision and Leadership**

- a. Cermak shall maintain a stable leadership team that clearly understands and is prepared to move forward toward implementation of the provisions of this Agreed Order, with respect to:
  - i. Medical care; and
  - ii. Mental health care
- b. Cermak shall maintain an adequate written staffing plan and sufficient staffing levels of health care staff to provide care for inmates' serious health needs, including:
  - i. Qualified Medical Staff; and
  - ii. Qualified Mental Health Staff.
- c. Cermak shall ensure that all Qualified Medical Staff and Qualified Mental Health Staff are adequately trained to meet the serious health care needs of inmates. All such staff shall receive documented orientation and in-service training on relevant topics, including:
  - i. Provision of health care in a correctional setting and Facility-specific issues; and
  - ii. Suicide prevention, and identification and care of inmates with mental illness.
- d. Cermak shall ensure that Qualified Medical Staff receive adequate physician oversight and supervision.
- e. Cermak shall ensure that all persons providing health care meet applicable state licensure and/or certification requirements, and practice only within the scope of their training and

licensure. Upon hiring and annually, Cermak shall verify that all health care staff have current, valid, and unrestricted professional licenses and/or certifications for:

- i. Medical staff; and
  - ii. Mental health staff
- f. Cermak will work with CCDOC to develop and maintain a curriculum for initial and periodic training of correctional officers on recognition and timely referral of inmates with medical urgencies, including drug and alcohol withdrawal. Cermak will provide adequate initial and periodic training on these topics to all Cermak staff who work with inmates.
- g. CCDOC will provide, to all CCDOC staff who work with inmates, adequate initial and periodic training on basic mental health information, including the identification, evaluation, and custodial care of persons in need of mental health care, as well as recognition of signs and symptoms evidencing a response to trauma; appropriately responding to mental illness; proper supervision of inmates suffering from mental illness; and the appropriate use of force for inmates who suffer from mental illness. Such training shall be conducted by a Qualified Mental Health Professional, registered psychiatric nurse, or other appropriately trained and qualified individual.
- h. Cermak will work with CCDOC to develop and maintain a curriculum for initial and periodic training of correctional officers on basic mental health information, including the identification, evaluation, and custodial care of persons in need of mental health care, as well as recognition of signs and symptoms evidencing a response to trauma; appropriately responding to mental illness; proper supervision of inmates suffering from mental illness; and the appropriate use of force for inmates who suffer from mental

illness. Such training shall be conducted by a Qualified Mental Health Professional, registered psychiatric nurse, or other appropriately trained and qualified individual.

- i. Cermak shall ensure that all health care staff receive adequate training to properly implement the provisions of this Agreed Order, including:
  - a. Medical staff; and
  - b. Mental health staff.

**Compliance Status:**

This provision remains in substantial compliance.

**Monitor's Findings:**

1. Since our last visit in April 2017, Cermak has a new permanent Director of Quality Improvement. There has been a net of 19 new hires since our last visit consisting of 67 new hires and 48 new vacancies (transfers, resignations, retirements, terminations, etc.). The overall vacancy rate across Cermak is currently at 13% or 88 total vacancies (594 out of 682 total positions filled). This compares to 16% vacancy rate in April 2017 (576 out of 683 total positions). One Cermak Administrative position was transferred out of Cermak. No new positions have been added. The vacancy rate for med/surg has increased to 18% compared to 16% in April 2017. This, however, reflects two recent retirements which are expected to be filled in the next 6 weeks. All Advanced Practice Provider (PA) positions except one continue to be filled. Six of 20 Attending physician positions remain vacant (no change from April 2017). Nursing vacancy has decreased to 12% compared to 13% in April 2017. . Cermak continues to utilize overtime, contract labor (moonlighting, locums, etc.) and part time staffing to meet their provision of health service needs.

2. The Monitoring Team did not review the annual training, Ongoing Professional Practice Evaluation (OPPE) or the credentialing files of Cermak professional staff since this provision has been in substantial compliance for more than 18 months.
3. The Monitoring Team met with the Executive Director CCDOC, toured several of the housing divisions and interviewed several Cook County inmates including three inmates in the Special Management Unit (SMU). CCDOC has expanded the officer training from every 18 months to every 12 months of 24 hours of training per officer. The Monitoring Team reviewed the list of the training topics.
4. We did not review ongoing initial and interval training of CCDOC officers as this provision has been in substantial compliance for more than 18 months.
5. While the Monitoring Team is encouraged about the continued drop in the inmate census at the Cook County Jail, we remain vigilant that staffing and processes of care at the jail continue to meet the needs of the detainee population.

**Monitor's Recommendations:**

1. Continue to fill all vacant positions to further improve the provision of health care as well as to reduce the utilization of overtime and contract labor.
2. Maintain/improve vacancy rate across the system but especially in nursing.

**45. Intake Screening**

- a. Cermak shall maintain policies and procedures to ensure that adequate medical and mental health intake screenings are provided to all inmates.

b. Cermak shall ensure that, upon admission to the Facility, Qualified Medical Staff or Licensed Correctional Medical Technicians utilize an appropriate medical intake screening instrument to identify and record observable and non-observable medical needs, shall assess and document the inmate's vital signs, and shall seek the inmate's cooperation to provide information, regarding:

- (1) medical, surgical and mental health history, including current or recent medications, including psychotropic medications;
- (2) history and symptoms of chronic disease, including current blood sugar level for inmates reporting a history of diabetes;
- (3) current injuries, illnesses, evidence of trauma, and vital signs, including recent alcohol and substance use;
- (4) history of substance abuse and treatment;
- (5) pregnancy;
- (6) history and symptoms of communicable disease;
- (7) suicide risk history; and
- (8) history of mental illness and treatment, including medication and hospitalization.

c. Cermak shall ensure that, upon admission to the Facility, Qualified Mental Health Staff, Qualified Medical Staff, or Licensed Correctional Medical Technicians utilize an appropriate mental health intake screening instrument to identify and



record observable and non-observable mental health needs, and seek the inmate's cooperation to provide information, regarding:

- (1) past suicidal ideation and/or attempts;
  - (2) current ideation, threat or plan;
  - (3) prior mental illness treatment or hospitalization;
  - (4) recent significant loss, such as the death of a family member or close friend;
  - (5) previously identified suicide risk during any prior confinement at CCDOC;
  - (6) any observations of the transporting officer, court, transferring agency or similar individuals regarding the inmate's potential suicide risk, if such information is communicated to Cermak staff;
  - (8) psychotropic medication history; and
  - (9) alcohol and other substance use and withdrawal history.
- d. Cermak shall ensure that all Qualified Mental Health Staff, Qualified Medical Staff or Licensed Correctional Medical Technicians who conduct the medical and mental health intake screenings are properly trained on the intake screening process, instrument, and the requirements and procedures for referring all qualifying inmates for further assessment.
- e. If Cermak assigns Licensed Correctional Medical Technicians to perform intake screening, they shall receive appropriate, on-site supervision by on-site Qualified Medical Staff; information obtained on screening for all inmates will be reviewed by Qualified Medical Staff before the inmate departs the intake area.

f. Cermak shall ensure that a medical assessment based on the symptoms or problems identified during intake screening is performed within two working days of booking at the Facility, or sooner if clinically indicated, by a Qualified Medical Professional for any inmate who screens positively for any of the following conditions during the medical or mental health intake screenings:

- (1) Past history and symptoms of any chronic disease included on a list specified by Cermak's policies and procedures;
- (2) Current or recent prescription medications and dosage, including psychotropic medications;
- (3) Current injuries or evidence of trauma;
- (4) Significantly abnormal vital signs, as defined by Cermak's policies and procedures;
- (5) Risk of withdrawal from alcohol, opioid, benzodiazepine, or other substances;
- (6) Pregnancy;
- (7) Symptoms of communicable disease; and
- (8) History of mental illness or treatment, including medication and/or hospitalization.

g. Cermak shall ensure that any inmate who screens positively for mental illness or suicidal ideation during the intake process receives a comprehensive mental health evaluation (see provision 59.c, "Mental Health: Assessment and Treatment") Cermak shall ensure timely access to a Qualified Mental Health

Professional for this purpose, based on emergent, urgent, and routine medical or mental health needs.

- h. Cermak shall ensure that the intake health screening information is incorporated into the inmate's medical record in a timely manner.
- i. Cermak shall implement a medication continuity system so that incoming inmates' medication for serious medical and mental needs can be obtained in a timely manner, as medically appropriate. Within 24 hours of an inmate's booking at the Facility, or sooner if medically necessary, a Qualified Medical Professional or Qualified Mental Health Professional, with appropriate prescribing authority, shall decide whether to continue the same or comparable medication for serious medical and mental health needs that an inmate reports during intake screening that she or he has been prescribed. If the inmate's reported medication is discontinued or changed, other than minor dosage adjustments or substitution of a therapeutic equivalent, a Qualified Medical Professional or Qualified Mental Health Professional, with appropriate prescribing authority, shall evaluate the inmate face-to-face as soon as medically appropriate, and within no greater than five working days, and document the reason for the change.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such is no longer being formally monitored except for spot check monitoring as indicated.

**Monitor's Findings:**

Spot checking showed that this area remains in substantial compliance.

**Monitor's Recommendations:**

Perform periodic CQI studies to ensure that patients continue to receive timely and appropriate care at intake.

**46. Emergency Care**

- a. Cermak shall train health care staff to recognize and respond appropriately to health care emergencies, including:
  - (1) Medical emergencies;
  - (2) Mental health emergencies; and
  - (3) Drug and alcohol withdrawal.
- b. CCDOC shall train correctional officers to recognize and respond appropriately to health care emergencies, including:
  - (1) Medical emergencies;
  - (2) Mental health emergencies; and
  - (3) Drug and alcohol withdrawal.
- c. CCDOC shall ensure that all inmates with emergency health care needs receive prompt transport, including transport for outside care, for emergencies including:
  - (1) Medical emergencies; and
  - (2) Mental health emergencies.

- d. Cermak shall ensure that all inmates with emergency health care needs receive timely and appropriate care, with prompt referrals for outside care when medically necessary, and shall notify CCDOC when emergency transport is needed inside or outside the Facility compound, for emergencies including:
  - (1) Medical emergencies; and
  - (2) Mental health emergencies.
- e. CCDOC shall train all correctional officers to provide first responder assistance (including cardiopulmonary resuscitation (“CPR”) and addressing serious bleeding) in emergency situations. CCDOC shall provide all correctional officers with the necessary protective gear, including masks and gloves, to provide first line emergency response.

**Compliance Status:**

This provision remains in Substantial Compliance.

**Status Update:**

Received and reviewed.

**Monitor’s Findings:**

Cermak has documentation to reflect that the staff has been trained in Emergency Care Procedures. The correctional officers have been trained with regards to medical emergencies and mental health emergencies.

Patients sent to the urgent care are tracked using the Cerner electronic medical record. Chart audit shows that there are some delays in bringing the patient to the urgent care from their housing units. There is also some delay to see the physician once they arrive to the urgent care.

There is variation between the acuity level assigned in the housing unit and the one assigned in the urgent care. This can be due to change in the patients' clinical status at each of the locations.

The documentation of the encounter is consistently done in the electronic medical record. The orders are also entered directly into the electronic medical record. The assessments and treatment plan was appropriate. The patients were sent to the appropriate housing location upon discharge from the urgent care.

Hypoglycemic events are being monitored and addressed consistently. The clinical pharmacist routinely reviews the hypoglycemic events and addresses them timely. The hypoglycemia template for nursing has been implemented and has helped improve documentation of the event.

The critical lab results are addressed in a timely manner by the providers. A report has been established to monitor the process.

**Monitor's Recommendations:**

1. Monitor time from when the patient was referred to the urgent care to when the patient was triaged in the urgent care
2. Monitor time from triage to provider evaluation
3. Educate staff regarding assignment of acuity scores
4. Perform chart audits for urgent care visits to identify opportunities for improvement

**47. Record Keeping**

- a. Cermak shall ensure that medical and mental health records are adequate to assist in providing and managing the medical and mental health needs of inmates at the Facility and are maintained consistent with local, federal, and state medical records requirements.
- b. Cermak shall ensure that medical and mental health records are centralized, complete, accurate, readily accessible and systematically organized. All clinical encounters and reviews of inmates should be documented in the inmates' records.
- c. To ensure continuity of care, Cermak shall submit appropriate medical information to outside medical providers when inmates are sent out of the Facility for medical care. Cermak shall appropriately request records of care, reports, and diagnostic tests received during outside appointments in a timely fashion and include such records in the inmate's medical record or document the inmate's refusal to cooperate and release medical records.
- d. Cermak shall maintain unified medical and mental health records, including documentation of all clinical information regarding evaluation and treatment.

**Compliance Status:**

This provision remains in substantial compliance (since November 2016)

**Status Update:**

All elements of record keeping remain in compliance.

**Monitor's Findings:**

All requirements to fix the problem of erroneous discharges have been identified since our last monitoring visit. However, funding that CCHHS had allocated for the project is no longer available. Although it was Cermak's intention to proceed with repairs, the project remains on-hold. As of November 2017, all errors continue to be manually addressed. Each day, discrepancies between Cook County Offender Management System (CCOMS) and Cerner are identified. Cermak then reactivates the records of any inmates who have not been discharged from the facility and notifies the medical staff of orders which need to be re-entered. From August 1 through October 31, 2017 there have been 7 erroneous discharges. Close daily monitoring and follow up on the part of Cermak prevents delays and omissions in care due to the sometimes inaccurate information exchange between the CCOMS and Cerner systems.

In May of 2017 documentation of medication administration was in transition from Accuflow to documentation of all medications in Cerner medication administration record. As of this report this transition has been completed. Accuflow is no longer being utilized.

Cermak investigated and found that it is not possible to eliminate auto-cancellation of lab orders in the Cerner system. Instead the Health Information Technology (HIT) staff are working with the medical staff to resolve the problem by using the task list to order labs in advance of scheduled appointments. In addition, the nursing department has trained nurses to assist with the collection of labs to prevent auto-cancelation.

Other improvements Cermak is currently working on include: The implementation of Individualized Plan of Care (IPOC) for both the special care unit and mental health has been in place since October 31, 2017. This program creates an individualized care plan based on patient



problems and acuity. The IPOC program also provides prompts for nursing staff to ensure adequate record keeping and timely updates.

Cermak has completed revisions to documentation templates for nursing assessment of patients seen for evaluation of health service request forms (HSRs). The form is being piloted in Division 4. Progress will be reported to the monitoring team before the new HSR is implemented in all divisions.

System downtime as reported in the eMERS incident reporting system is infrequent and almost entirely due to issues with Accuflow. There has been one incident reported since August 1, 2017 in division 4 nursing cart due to no system connection. Procedures are in place requiring paper documentation when the automated health record is down.

**Monitor's Recommendations:**

None.

**48. Mortality Reviews**

- a. Cermak shall request an autopsy, and related medical data, for every inmate who dies while in the custody of CCDOC, including inmates who die following transfer to a hospital or emergency room.
- b. Relevant CCDOC personnel shall participate in Cermak's mortality review for each inmate death while in custody, including inmates who die following transfer to a hospital or emergency room, and a morbidity review for all serious suicide attempts or other incidents in which an inmate was at high risk for death. Mortality and morbidity reviews shall seek to determine whether there was a systemic or specific problem that may have

contributed to the incident. At a minimum, CCDOC's contribution to mortality and morbidity reviews shall include:

- I. Critical review and analysis of the correctional circumstances surrounding the incident;
  - II. Critical review of the correctional procedures relevant to the incident;
  - III. Synopsis of all relevant training received by involved correctional staff;
  - IV. Possible precipitating correctional factors leading to the incident; and
  - V. Recommendations, if any, for changes in correctional policy, training, physical plant, and operational procedures.
- c. Cermak shall conduct a mortality review for each inmate death while in custody, including inmates who die following transfer to a hospital or emergency room, and a morbidity review for all serious suicide attempts or other incidents in which an inmate was at high risk for death. Cermak shall engage relevant CCDOC personnel in mortality and morbidity reviews and shall seek to determine whether there was a pattern of symptoms that might have resulted in earlier diagnosis and intervention. Mortality and morbidity reviews shall occur within 30 days of the incident or death, and shall be revisited when the final autopsy results are available. At a minimum, the mortality and morbidity reviews shall include:
- I. Critical review and analysis of the circumstances surrounding the incident;
  - II. Critical review of the procedures relevant to the incident;
  - III. Synopsis of all relevant training received by involved staff;
  - IV. Pertinent medical and mental health services/reports involving the victim;
  - V. Possible precipitating factors leading to the incident; and

VI. Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

- d. Cermak shall address any problems identified during mortality and morbidity reviews through timely training, policy revision, and any other appropriate measures.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot check monitoring as indicated.

**Status Update:**

Received and reviewed.

**Monitor's Findings:**

There have been five death-in-custody cases since our last visit in April 2017 including one suicide. The mortality review/ root cause analysis (RCA) for all deaths in custody cases were reviewed by the Monitoring Team. We found the RCAs to be comprehensive and multidisciplinary with succinct action plan items.

**Monitor's Recommendations:**

Continue to place focused attention on prevention of suicide deaths.

**49. Grievances**

Cermak shall develop and implement policies and procedures for appropriate handling of grievances relating to health care, when such grievances are forwarded from CCDOC.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot checking. Spot check was conducted.

**Status Update:**

None.

**Monitor's Findings:**

Spot check showed no lapses in compliance.

**Monitor's Recommendations:**

None.

**C. MEDICAL CARE**

**50. Health Assessments**

- a. Cermak shall ensure that Qualified Medical Professionals attempt to elicit the amount, frequency and time since the last dosage of medication from every inmate reporting that he or she is currently or recently on medication, including psychotropic medication.
- b. Cermak shall ensure that incoming inmates who present and are identified by medical personnel as having either a current risk of suicide or other acute mental health needs will be immediately referred for a mental health evaluation by a Qualified Mental Health Professional. Staff will constantly observe such inmates until they are seen by a Qualified Mental Health Professional or Qualified Mental Health Staff with appropriate, on-site supervision by a Qualified Mental Health Professional. Incoming inmates reporting these conditions will be housed in safe conditions unless and until a Mental Health Professional clears them for housing in a medical unit, segregation, or with the general population.
- c. Cermak shall ensure that all inmates at risk for, or demonstrating signs and symptoms of, drug and alcohol withdrawal are timely identified. Cermak shall provide appropriate treatment, housing, and medical supervision for inmates suffering from drug and alcohol withdrawal.

- d. CCDOC shall maintain a policy that correctional officers supervising newly arrived inmates physically observe the conduct and appearance of these inmates to determine whether they have a more immediate need for medical or mental health attention prior to or following the intake health screening by Qualified Medical Staff.
- e. Cermak shall ensure that the medical assessment performed within two working days of his or her booking at the Facility, or sooner if clinically indicated, for each inmate specified above (provision 45.f, "Intake Screening") shall include a review of the inmate's intake screening form, a medical history, a physical examination, a mental health history, and a current mental status examination. The physical examination shall be conducted by a Qualified Medical Professional. The medical assessment shall also include development or revision of the inmate's problem list and treatment plan to address issues identified during the medical assessment. Records documenting the assessment and results shall become part of each inmate's medical record. A re-admitted inmate or an inmate transferred from another facility who has received a documented medical assessment within the previous six months and whose receiving screening shows no change in the inmate's health status need not receive a new medical assessment. For such inmates, Qualified Medical Staff shall review prior records and update tests and examinations as needed.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot checking.

**Monitor's Findings:**

Spot checking showed that this area remains in substantial compliance.

**Monitor's Recommendations:**

1. Cermak leadership should continue periodic CQI studies assessing the appropriateness, timeliness and quality of care.
2. The QI program should continue to monitor the documentation of timely receipt of medications that are deemed critical.

**51. Acute care**

**51a. Urgent Care**

Cermak shall provide adequate and timely acute care for inmates with serious and life-threatening conditions, and ensure that such care adequately addresses the serious medical needs of inmates. Adequate care will include timely medical appointments and follow-up medical treatment.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot check monitoring as indicated.

**Status Update:**

The Monitoring Team was provided a status update prior to our visit.

**Monitor's Findings:**

Spot checking showed no lapses in compliance.

**Monitor's Recommendations:**

None.

**51b. Acute Care-Infirmarary**

- a. Cermak shall maintain guidelines for the scope of care of acutely ill patients in its on-site designated infirmarary units and for transfer of patients when appropriate to outside hospitals.

**Compliance Status:**

This provision remains in Substantial Compliance

**Status Update:**

Received and reviewed.

**Monitor's Findings:**

Record reviews, patient and staff interviews were conducted to evaluate the care in the Infirmarary.

The team is functioning well. Nursing staff have a shift report to review each patient in their area during shift change. The physicians and nurses participate in the morning huddle to discuss overnight issues, new admissions, etc. The staff are very engaged and performing well. The patients are appropriately admitted to the infirmarary. The initial nursing and provider assessments are done timely. The nursing and provider acuity levels are assigned and updated routinely.

Nursing has developed documents to keep track of patients' condition and needs. This document is used during the shift report and the huddle with the provider. The nursing staff has too many places to document and can benefit from an optimization effort.

The infirmarary was clean. The infirmarary census was reasonable and there were no boats used in this location.

**Monitor's Recommendations:**

Review nursing work flow and documentation to identify opportunities for optimization.

**52. Chronic Care**

- a. Cermak shall maintain an appropriate, written chronic care disease management plan, which provides inmates with chronic diseases with timely and appropriate diagnosis, treatment, medication, monitoring and continuity of care consistent with the inmates' expected length of stay.
- b. Cermak shall maintain appropriate written clinical practice guidelines for chronic diseases, such as HIV, hypertension, diabetes, asthma and elevated blood lipids.
- c. Cermak shall maintain an updated registry to track all inmates with serious and/or chronic illnesses and shall monitor this registry to ensure that these inmates receive necessary diagnoses and treatment. Cermak shall keep records of all care provided to inmates diagnosed with chronic illnesses in the inmates' individual medical records.
- d. Cermak shall ensure that inmates with chronic conditions are routinely seen by a physician, physician assistant, or advanced practice nurse to evaluate the status of their health and the effectiveness of the medication administered for their chronic conditions.
- e. CCDOC shall house inmates with disabilities, or who need skilled nursing services or assistance with activities of daily living, in appropriate facilities, as determined by Cermak. CCDOC shall permit inmates with disabilities to retain appropriate aids to impairment, as determined by Cermak.
- f. Cermak shall ensure that inmates with disabilities or who need skilled nursing services or assistance with activities of daily living shall receive medically appropriate care. Cermak shall notify CCDOC of their specific needs for housing and aids to impairment.



- g. Cook County shall build out, remodel, or renovate clinical space as needed to provide appropriate facilities for inmates with disabilities in accordance with the timelines set out in provision 43.i. Prior to completion of the new clinical space, Cook County and DFM will work with Cermak to address the most serious concerns regarding facilities for inmates with disabilities, to the extent possible in the current Facility.

**Compliance Status:**

This provision remains in Substantial Compliance

**Status Update:**

Received and reviewed.

**Monitor's Findings:**

The Monitoring Team reviewed health records of chronic disease patients. Cermak has a chronic disease management plan and several clinical practice guidelines to help the provider use best practices in the management of chronic diseases. Cermak has developed and implemented several order sets for common chronic diseases. This ensures that the required orders are placed for the patient and avoids human error. The Power note templates are consistently used by the providers. The template guides the providers to document all relevant aspects of the evaluation and care plan.

The patients with chronic disease are identified in the medical records to help the clinical team to monitor them. Each provider performs peer review to check compliance with their established clinical practice guidelines. The results are shared with the staff and used for improvement activities.

Record review showed that HIV patients were medically screened in a timely manner and referred for a secondary health assessment. HIV providers saw patients timely following their arrival. At the initial appointment, clinicians performed a history and physical examination and ordered labs in accordance with current guidelines, with the exception that QuantiFeron testing was performed only in 3 of 5 patients. Providers assessed patients' readiness to begin or restart antiretroviral therapy and prophylaxis for opportunistic infections was initiated when clinically indicated. Medication administration Records (MAR's) generally show that patients are adherent with occasional missed doses due to refusals or being off the tier. At follow-up visits, HIV providers reviewed pertinent lab test results and counseled patients. Overall, we found HIV care to be timely and appropriate.

Medical provider visits are scheduled timely by the scheduling team. Reports have been created to monitor the process. The nurses have been trained to draw blood and they try to get the blood drawn when the patient is in the clinic. This avoids the extra transport and also helps ensure that the blood draw is done timely. Extensive reports have been developed to monitor the process. A lot of effort has been put into improving the scheduling of the medical provider visits and the phlebotomy visits. They have drastically reduced the auto cancelled labs through successful implementation of the project.

The patients who need assistance with activities of daily living are receiving appropriate care. Cermak and CCDOC are collaborating well to address any specific housing needs and aids to impairment. Cermak has adequate clinical space to take care of patients with disabilities.

**Monitor's Recommendations:**

Continue established audits and reports.

**53. Treatment and Management of Communicable Diseases**

- a. Cermak shall maintain adequate testing, monitoring and treatment programs for management of communicable diseases, including tuberculosis (“TB”), skin infections, and sexually transmitted infections (“STIs”).
- b. CCDOC shall comply with infection control policies and procedures, as developed by Cermak, that address contact, blood borne, and airborne hazards, to prevent the spread of infections or communicable diseases, including TB, skin infections, and STIs, consistent with generally accepted correctional standards of care.
- c. Cermak shall maintain infection control policies and procedures that address contact, blood borne, and airborne hazards, to prevent the spread of infections or communicable diseases, including TB, skin infections and STIs, consistent with generally accepted correctional standards of care. Such policies should provide guidelines for identification, treatment and containment to prevent transmission of infectious diseases to staff or inmates.
- d. Pursuant to Centers for Disease Control (“CDC”) Guidelines, Cermak shall continue to test all inmates for TB upon booking at the Facility and shall follow up on test results as medically indicated. Cermak shall follow current CDC guidelines for management of inmates with TB infection, including providing prophylactic medication when medically appropriate and consistent with the inmate’s expected length of stay. Inmates who exhibit signs or symptoms consistent with TB shall be isolated from other inmates, evaluated for contagious TB and housed in an appropriate, specialized respiratory isolation (“negative pressure”) room. Cermak shall notify CCDOC of inmates’ specific

housing requirements and precautions for transportation for the purpose of infection control.

- e. Cermak shall ensure that the negative pressure and ventilation systems function properly. Following CDC guidelines, Cermak shall test daily for rooms in-use and monthly for rooms not currently in-use. Cermak shall document results of such testing.
- f. Cermak shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting and ventilation problems.
- g. Cermak shall develop and implement adequate guidelines to ensure that inmates receive appropriate wound care. Such guidelines will include precautions to limit the possible spread of Methicillin-resistant *Staphylococcus aureus* (“MRSA”) and other communicable diseases.
- h. Cermak shall adequately maintain statistical information regarding communicable disease screening programs and other relevant statistical data necessary to adequately identify, treat, and control infectious diseases.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot check monitoring as indicated.

**Status Update:**

Status update received and reviewed.

**Monitor’s Findings:**

Spot checking showed no lapses in compliance.

**Monitor’s Recommendations:**

None.

#### **54. Access to Health Care**

- a. CCDOC will work with Cermak to facilitate timely and adequate accessibility of appropriate health care for inmates, as provided by Cermak.
- b. Cermak shall ensure the timely and adequate availability of appropriate health care for inmates.
- c. Cermak shall ensure that the medical request (“sick call”) process for inmates is adequate and provides inmates with adequate access to medical care. The sick call process shall include:
  - i. written medical and mental health care slips available in English, Spanish and other languages, as needed;
  - ii. opportunity for illiterate inmates and inmates who have physical or cognitive disabilities to access medical and mental health care; and
  - iii. opportunity for all inmates, irrespective of primary language, to access medical and mental health care.
- d. Cermak shall ensure that the sick call process includes confidential collection, logging and tracking of sick call requests seven days a week. Cermak shall ensure timely responses to sick call requests by Qualified Medical Staff. The logging procedure shall include documentation of the date and summary of each request for care, the date the inmate was seen, the name of the person who saw him or her, the disposition of the medical or mental health visit (e.g., referral; whether inmate scheduled for acute care visit), and, if follow-up care is necessary, the date and time of the inmate’s next

appointment. Cermak shall document the reason for and disposition of the medical or mental health care request in the inmate's medical record.

e. Cermak shall develop and implement an effective system for screening medical requests within 24 hours of submission. Cermak shall ensure that sick call requests are appropriately prioritized based upon the seriousness of the medical issue.

f. Cermak shall ensure that evaluation and treatment of inmates in response to a sick call request occurs in a clinical setting.

g. Cermak shall ensure that Qualified Medical Staff make daily rounds in the isolation areas to give inmates in isolation adequate opportunities to contact and discuss medical and mental health concerns with Qualified Medical Staff in a setting that affords as much privacy as reasonable security precautions will allow. During rounds, Qualified Medical Staff will assess inmates for new clinical findings, such as deterioration of the inmate's condition.

**Compliance Status:**

This provision remains in substantial compliance.

**Status Update:**

The Monitoring Team was provided and reviewed access to care data in preparation for the November 2017 Monitoring Tour.

**Monitor's Findings:**

The Monitoring Team evaluated inmate access to care by reviewing health service request tracking systems; randomly inspecting health care request form availability; reviewing health service request (HSR) forms, health records, nurse protocols, observing nursing sick call

encounters, and interviews with staff and inmates. In addition, Cermak health care leadership presented results of CQI studies and ongoing audits regarding access to care.

At the last monitoring visit in April 2017, all elements of Access to Care came into substantial compliance. Substantial compliance was sustained at this monitoring visit.

The monitoring team reviewed a sample of approximately 110 health services requests (HSR) from all divisions submitted by inmates from August 15 to November 5 2017. The monitoring team selected HSRs from sick call and chronic disease logs and from HSRs forwarded to Health Information Management (HIM) for scanning into the electronic medical record (EMR).

We found that staff timely collected and signed HSRs upon receipt. Nurses timely triaged HSR's and legibly dated forms. Nurses did not consistently document triage dispositions on the form. When nurses did document triage dispositions (e.g., urgent/routine) they were not consistently appropriate to the urgency of the patient's complaint.

Health care leadership is piloting a HSR form with a revised triage disposition section. Triage options for the nurse are not based upon a clinical determination (i.e., emergent, urgent, routine) but rather an action disposition (i.e., to see the patient today or within 48-72 hours). The monitoring team believes this approach will lead to clinical judgement errors and strongly recommend that triage dispositions are based upon clinical urgency. In addition, each Nursing Guideline contains criteria for the urgency of nurse to provider referrals, but do not contain criteria for the urgency of nurse triage dispositions. We recommend that health care leadership develop criteria for the urgency of dispositions and train nurses to these criteria.

In most Divisions nurses saw patients within required time frames. However, there were instances in which nurses did not timely see patients or where we found discrepancies in the documentation of such encounters. We discussed these issues with nursing leadership during the monitoring visit.

We found a lack of consistency across the jail regarding the management of patients with dental complaints (See 58. Dental Care) including the timely assessment of patients with urgent dental complaints or timely referral of such patients to the dentist.

Positively, health care leadership is piloting a process in Division 4 intended to facilitate access to dental care. When patients submit HSR's with a dental complaint, a nurse is to see the patient, treat the patient according to a nursing guideline, and provide the patient a Dental Non-Emergency Secondary Health Service Request that is printed on green paper. It is essentially a second request for access to dental care related to pain. Patients are instructed not to submit this form for 10 days after seeing the nurse. Upon receiving the form, nurses are to perform a well-being check and refer the patient to dental services. However, this process does not appear to expedite access to dental services. While patients can freely submit new HSR to seek help if their condition changes, it is a concern that patients are instructed not to submit the green HSR forms for 10 days following the nurse's evaluation, as the patient's pain may not be adequately managed by nursing guideline measures or may have become complicated by infection.

Nurses documented assessments into Cerner using nursing protocols. As noted in previous visits, the quality of nursing assessments is variable and often not consistent with Cermak Nursing Guidelines and/or good clinical judgement. The lack of adequate nursing assessments was mitigated by nurses more frequently consulting and/or referring patients to providers.



The Agreed Order 54 (d.) requires that “Cermak log and track sick call requests seven days a week.... The logging procedure shall include documentation of the date and summary of each request for care, the date the inmate was seen, the name of the person who saw him or her, the disposition of the medical or mental health visit (e.g., referral; whether inmate scheduled for acute care visit), and, if follow-up care is necessary, the date and time of the inmate’s next appointment. Cermak shall document the reason for and disposition of the medical or mental health care request in the inmate’s medical record”.

Since the last site visit, healthcare leadership has developed an electronic health record (EHR) based tracking system for each HSR. This will permit real-time tracking regarding the status and disposition of every HSR and focus and facilitate quality improvement activities. We commend health care leadership for this process.

Compliance with the Agreed Order is further described below.

- a. Remains in substantial compliance.. CCDOC has developed a report regarding the status of inmate appointments that is updated throughout the day. Both custody and health care staff use this report to monitor the status of inmate appointments and take action to ensure they are completed. This is an excellent tool.
- b. Remains in substantial compliance. As noted above, while access to care continues to improve across the jail, focused improvements to access to care are needed in outlier divisions and with respect to access to dental care.
- c. Remains in substantial compliance.. We found that housing tiers contained adequate supplies of Health Services Request forms in English and Spanish.
- d. Remains in substantial compliance.. Staff collects HSR forms daily and contemporaneously maintains HSR tracking logs in sick call boxes. As noted above, the current HSR Daily

Summary needs to be amended to fully account for the disposition of HSRs received each day.

- e. Remains in substantial compliance. Nurses triaged and legibly signed HSR's within 24 hours. However, nurses did not consistently document triage decisions which should be done in order to prioritize the order in which patients are seen. We recommend that triage dispositions are clinically based rather than action based.
- f. Remains in substantial compliance. Nurse sick call is conducted in adequately equipped and supplied examination rooms.
- g. Remains in substantial compliance. CCDOC has increased out of cell time for inmates that are segregated from general population inmates. The goal is for these inmates to be out of cell for 3 of every 24 hours with concomitant increases in staff and inmate interaction thus reducing their social isolation and frequency of medical and/or mental health rounds, reducing the need for round to weekly. CCDOC has developed an electronic data base that enables them to monitor and demonstrate compliance with out of cell time for each inmate. We did not review data during this visit. Health care leadership reported that inmates were consistently out of cell for greater than 3 hours.

**Recommendations:**

- 1. Health care leadership and CCDOC should continue to study and identify root causes of delays in access to care when they arise to include consideration of nurse vacancies, staff reassignments, lack of officers or custody/nurse or provider scheduling.
- 2. Nurses should document a triage disposition on each HSR in accordance with nursing protocols and prioritize patients with urgent requests to be seen first.

3. Nurse triage dispositions should be based upon clinical urgency rather than nurse actions.  
Health care leadership should develop criteria for emergent, urgent and routine triage dispositions and train nurses to these criteria.
4. Health care leadership and nurse managers should continue to perform CQI studies regarding nursing performance to provide feedback to nurses.
5. Nurses should assess all patients with dental pain and refer to dental in accordance with the urgency of the complaint.

#### **55. Follow-Up Care**

- a. Cermak shall provide adequate care and maintain appropriate records for inmates who return to the Facility following hospitalization or outside emergency room visits.
- b. Cermak shall ensure that inmates who receive specialty, emergency room, or hospital care are evaluated upon their return to the Facility and that, at a minimum, discharge instructions are obtained, appropriate Qualified Medical Staff reviews the information and documentation available from the visit, this review and the outside provider's documentation are recorded in the inmate's medical record, and appropriate follow-up is provided.

#### **Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot checking.

#### **Status Update:**

Received and reviewed.

**Monitor's Findings:**

The Monitoring Team reviewed health records of patients returning from hospitalization and emergency room visits.

Patients returning from the hospital emergency department or inpatient units are brought to the urgent care clinic and are seen by the urgent care provider. The medical and CCDOC staff are following the established process. The urgent care providers are consistently reviewing the hospital records and address their recommendations. The patients are sent to the appropriate housing based on their health needs. The Providers in the housing units also see the patient upon return from the hospital to ensure continuity of care.

The Nursing managers and Physician leaders collaborate to ensure a safe transition of care from the hospital to the Jail.

**Monitor's Recommendations:**

Continue with the established audits and reports.

**56. Medication Administration**

- a. Cermak shall ensure that treatment and administration of medication to inmates is implemented in accordance with generally accepted correctional standards of care.
- b. Cermak shall develop policies and procedures to ensure the accurate administration of medication and maintenance of medication records. Cermak shall provide a systematic physician review of the use of medication to ensure that each inmate's prescribed regimen continues to be appropriate and effective for his or her condition.
- c. Cermak shall ensure that medicine administration is hygienic, appropriate for the needs of inmates and is recorded concurrently with distribution.

- d. Cermak shall ensure that medication administration is performed by Qualified Nursing Staff.
- e. When Cermak prescribes medication to address an inmate's serious mental health needs, HIV or AIDS, or thromboembolic disease, Cermak shall alert CCDOC that the inmate in question is on a flagged medication. If the prescription is terminated during an inmate's stay at the Facility, Cermak will notify CCDOC.
- f. When CCDOC receives notice that an inmate is on a flagged medication, CCDOC shall include notation of a medication flag in the inmate's profile on the Facility's Jail Management System.
- g. When an inmate with a medication flag is processed for discharge at the Facility, CCDOC shall escort the inmate to designated Cermak staff in the intake screening area of the Facility for discharge medication instructions.
- h. When CCDOC escorts an inmate with a medication flag to Cermak staff during discharge processing, Cermak staff shall provide the inmate with printed instructions regarding prescription medication and community resources.
- i. Each morning, CCDOC shall provide Cermak with a list of all inmates with medication flags who were discharged the previous day.
- j. Within 24 hours of discharge of an inmate with a medication flag, Cermak shall call in an appropriate prescription to the designated pharmacy on the Stroger Hospital campus to serve as a bridge until inmates can arrange for continuity of care in the community.
- k. CCDOC shall ensure that information about pending transfers of inmates is communicated to Cermak as soon as it is available.

- l. When CCDOC has advance notice and alerts Cermak of the pending transfer to another correctional facility of inmates with serious medical or mental health needs from detention, Cermak shall supply sufficient medication for the period of transit. In such cases, Cermak shall prepare and send with transferring inmates a transfer summary detailing major health problems and listing current medications and dosages, as well as medication history while at the Facility.
- m. CCDOC shall ensure that the transfer summary and any other medical records provided by Cermak will accompany inmates, or will be made available electronically or transmitted by facsimile, when they are transferred from the Facility to another institution.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot check monitoring as indicated.

**Status Update:**

Status update received and reviewed.

**Monitor's Findings:**

Spot checking showed no lapses in compliance.

**Monitor's Recommendations:**

None

**57. Specialty Care**

Cermak shall ensure that inmates whose serious medical or mental health needs extend beyond the services available at the Facility shall receive timely and appropriate referral for specialty care to appropriate medical or mental health care professionals qualified to meet their needs.

- a. Upon reasonable notification by Cermak, CCDOC will transport inmates who have been referred for outside specialty care to their appointments.
- b. Cermak shall ensure that inmates who have been referred for outside specialty care by the medical staff or another specialty care provider are scheduled for timely outside care appointments. Cermak shall provide reasonable notice to CCDOC of such appointments so that CCDOC can arrange transportation. Inmates waiting outside care shall be seen by Qualified Medical Staff as medically necessary, at clinically appropriate intervals, to evaluate the current urgency of the problem and respond as medically appropriate. If an inmate refuses treatment following transport for a scheduled appointment, Cermak shall have the inmate document his refusal in writing and include such documentation in the inmate's medical record.
- c. Cermak shall maintain a current log of all inmates who have been referred for outside specialty care, including the date of the referral, the date the appointment was scheduled, the date the appointment occurred, the reason for any missed or delayed appointments, and information on follow-up care, including the dates of any future appointments.
- d. Cermak shall ensure that pregnant inmates are provided adequate pre-natal care. Cermak shall develop and implement appropriate written policies and protocols for the treatment of pregnant inmates, including appropriate screening, treatment and management of high-risk pregnancies.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot checking.

**Status Update:**

Received and reviewed.

**Monitor's Findings:**

The Monitoring Team reviewed health records of patients returning from offsite specialty clinics and procedures. The patients are appropriately referred to specialty care. The referral coordinator ensures that the patients get an appointment in a timely manner. The providers and the coordinator work very well together. The provider calls the specialist if a patient needs to be prioritized.

The patients scheduled for the appointment is reviewed by the Physician leadership as a safety check and to monitor utilization. A project has been initiated to study the reason for offsite visit refusals in order to identify opportunities to reduce refusals.

The care coordination nurse does a good job in tracking the patients coming back from their appointments and ensures that the follow-up recommendations are addressed.

Obstetrics care remains in substantial compliance.

**Monitor's Recommendations:**

Care coordination nurse to review the chart to ensure that the patients get the needed pre-visit orders/tests done before their off-site visit.

**58. Dental Care**

Cermak shall ensure that inmates receive adequate dental care, and follow up, in accordance with generally accepted correctional standards of care. Such care should be provided in a timely



manner, taking into consideration the acuity of the problem and the inmate's anticipated length of stay. Dental care shall not be limited to extractions.

- a. Cermak shall ensure that adequate dentist staffing and hours shall be provided to avoid unreasonable delays in dental care.

**Compliance Status:**

This provision remains in substantial compliance.

**Status Update:**

Received and reviewed on site.

**Monitors' findings:**

While Cermak census continues to decrease, the total number of dental encounters has remained stable in some Divisions or has in fact increased in other Divisions over the past 18 months.

The RTU dental clinic is now open and operational. The Monitoring Team met with the Director of Cermak Dental Services and toured the new RTU dental clinic consisting of two dental chairs.

Cermak dental has also operationalized Dentrix since June 2017. This Electronic Dental Record allows for better scheduling and documentation of dental encounters as well as providing automated reporting capabilities thus eliminating the use of manual audits and paper logs. Cermak Dental Services leadership had the opportunity to design the dental encounter templates within Dentrix which will also serve to improve the quality of documentation of dental encounters and the ease of generating meaningful reports.

Cermak Dental services has created a comprehensive “Oral Health Training” module that is used to educate Cermak healthcare staff (providers and nurses) on identifying and managing common dental issues.

Cermak now has only one vacant dentist positions, the Chief Dentist. This position is currently being recruited. Cermak has already filled the dental assistant position that was vacated during our last visit in April 2017.

Oral surgery needs of the Cermak detainees are being met via Stroger OMFS services. There is good collaboration and communication between Stroger OMFS and Cermak dental services. This is evident based on the average wait time for non-emergent oral surgery for Cermak inmates that continues to decrease while also continuing to compare favorably to the existing wait time for Cook County Hospital ambulatory services patients. The Monitoring Team hopes that the replacement of the currently vacant chief dentist positions will further enhance the dental services program at Cermak and reduce the overall wait times.

Again, the Monitoring Team received from Cermak dental services a comprehensive self-assessment and process improvement plan that included action plan items and audit results for the past 6 months. Included in this document were monthly encounter numbers as well as a breakdown of extractions vs. restorative procedures. Cermak continues to perform a very high percentage of restorations vs. extractions. This has a significant positive impact on the oral health of the inmates at Cook County Jail and the overall oral health of the Cook County residents. Cermak dental now handles all of its own appointments based on the HSR received (all HSR regardless of acuity and all follow up appointments). Some appointments continue to be scheduled through the scheduling center (annual exams, consults, provider referrals, etc.). During our visit, The Monitoring Team identified an issue with the manner by which nursing staff

handle dental HSR forms. In several cases, there was lack of documentation of a face to face nurse encounter for urgent dental HSR forms (severe pain, swelling, bleeding, etc.). An action plan to address this issue was created before our departure. The action plan aims to streamline the referral process for dental HSR forms similar to those involving mental health issues.

Similar to our last visits, the Monitoring Team audited several dental encounters from different Cermak Divisions with regard to:

- Date of actual HSR
- Date the HSR was received by dental clinic
- Date of dental clinic appointment
- Reason for visit (symptomatic vs. asymptomatic)
- Documentation regarding face to face nursing encounters when such encounter was indicated

The Monitoring Team elected to look mainly at the “urgent” dental complaints. This decision was based on the fact that while the timeliness for the dental services for routine, priority and annual exams has remained acceptable, the wait time for urgent dental complaints continues to surpass the goal of 3 business days. It is important to note, however, that the overall trend for urgent dental HSR wait time is significantly improved (decreased) since January 2017. Our audit confirmed the overall self-assessment report that was presented to the Monitoring Team by Cermak dental services. This report was based on 100% of all dental encounters over the past six months. The timeliness compliance report for different divisions and acuities was for the most part in compliance with the wait times set according to the revised dental policy:

- a) Emergent                      same day
- b) Urgent                        within 3 business days
- c) Priority                        within 14 days
- d) Routine                        within 30 days
- e) Annual exam                within 90 days

As mentioned above, the only exception to the timeliness of dental wait times was for inmates with urgent dental complaints while the overall wait time trend had significantly improved.

Cermak dental continues to strive for a culture of continuous quality improvement with monthly dental Access to Care and Quality of Care grievances hovering in single digits including zero Access to Care grievance in October 2017 and zero Quality of Care grievances for the three consecutive months prior to our visit.

**Monitor's Recommendations:**

1. Formulate and submit the action plan regarding the handling of urgent dental HSRs.
2. Monitor the requirement for face to face nurse visits for urgent dental HSRs.
3. Address the issue of wait time for Urgent dental HSR.
4. Continue to expand the dental services with the replacement of the Chief Dentist position.

**68. Suicide Prevention Training**

- a. Cermak shall ensure that the Facility's suicide prevention curriculum for health care staff members, jointly established with CCDOC, addresses the following topics:
  - i. the suicide prevention policy as revised consistent with this Agreed Order;
  - ii. why facility environments may contribute to suicidal behavior;
  - iii. potential predisposing factors to suicide;

- iv. high risk suicide periods;
  - v. warning signs and symptoms of suicidal behavior;
  - vi. observation techniques;
  - vii. searches of inmates who are placed on Suicide Precautions;
  - viii. case studies of recent suicides and serious suicide attempts (Serious suicide attempts are typically considered to be those that either were potentially life-threatening or that required medical attention);
  - ix. mock demonstrations regarding the proper response to a suicide attempt; and
  - x. The proper use of emergency equipment, including suicide cut-down tools.
- b. Within 24 months of the effective date of this Agreed Order, CCDOC shall train all CCDOC staff members who work with inmates on the Facility's suicide prevention program. Implementation of such training shall begin as soon as possible following the effective date of this Agreed Order. Staff shall demonstrate competency in the verbal and behavioral cues that indicate potential suicide, and how to respond appropriately. Initial and at least annual training shall be provided in accordance with generally accepted professional standards.
- c. Within 12 months of the effective date of this Agreed Order, Cermak shall train all Cermak staff members who work with inmates on the Facility's suicide prevention program. Implementation of such training shall begin as soon as possible following the effective date of this Agreed Order. Staff shall demonstrate competency in the verbal and behavioral cues that indicate potential suicide, and how to respond appropriately. Initial and at least annual training shall be provided in accordance with generally accepted professional standards.

**Compliance Status:**

This provision has remained in substantial compliance for 18 months or longer and as such will no longer be formally monitored except for spot check monitoring as indicated

**Monitor's Findings:**

There was one suicide death since our last monitoring visit. This event, however, occurred in a general population inmate with no warning signs. The log for annual training of staff with regard to suicide prevention was reviewed and found to be up to date.

**Monitor's Recommendations:**

None.

**86. Quality Management and Performance Measurement**

- a. Defendants shall each develop and implement written quality management policies and procedures, in accordance with generally accepted correctional standards, to regularly assess, identify, and take all reasonable measures to assure compliance with each of the provisions of this Agreed Order applicable to that Defendant.
- b. Defendants shall each develop and implement policies to address and correct deficiencies that are uncovered during the course of quality management activities, including monitoring corrective actions over time to ensure sustained resolution, for each of the provisions of this Agreed Order applicable to that Defendant.
- c. CCDOC shall participate with Cermak and DFM in a jointly established Health Care Quality Improvement Committee, to be charged with developing and implementing a joint quality improvement program. CCDOC shall contribute the time and effort of CCDOC staff members who, by virtue of their authority, current responsibilities, and/or past experience, can provide this committee with needed correctional representation.

- d. Cermak shall participate with CCDOC and DFM in a jointly established Health Care Quality Improvement Committee, to be charged with developing and implementing a joint quality improvement program. Cermak will work with CCDOC and DFM to identify those CCDOC and DFM staff members who, by virtue of their authority, current responsibilities, and/or past experience, can provide this committee with needed correctional representation. Quality management programs related to medical and mental health care will utilize performance measurements to assess quality of care and timely access to care with quantitative and qualitative data analysis and trending over time.
- e. DFM shall participate with CCDOC and Cermak in a jointly established Health Care Quality Improvement Committee, to be charged with developing and implementing a joint quality improvement program. DFM shall contribute the time and effort of DFM staff members who, by virtue of their authority, current responsibilities, and/or past experience, can provide this committee with needed correctional representation.

**Compliance Status:**

This provision remains in Substantial Compliance.

**Status Update:**

Received and reviewed.

**Monitor's Findings:**

Cermak has a quality management plan, and a performance dashboard to track the key metrics. The information is reviewed by a multidisciplinary team every month during the quality meeting.

A well-qualified Quality Director has been hired to lead the quality and safety efforts. The director has implemented several best practices in a short time. The fundamental aspects of quality, safety and project management are being implemented. This is essential for a successful program.

Pharmacy department has a well-established quality program. Pharmacy maintains an extensive dashboard to track their performance metrics. New projects have been identified based on the needs of the program. A multidisciplinary meeting has been established to continuously identify and implement best practices.

Several innovative programs are being implemented by the leadership at Cermak. They are developing innovative approaches that can become best practices for other correctional faculties to follow.

CCDOC is participating actively with Cermak and DFM in a jointly established Health Care Quality Improvement Committee. There is good collaboration for improvement efforts.

Cermak is participating with CCDOC and DFM in a jointly established Health Care Quality Improvement Committee. The performance metrics are used to track compliance and progress.

DFM Cermak is participating with CCDOC and Cermak in a jointly established Health Care Quality Improvement Committee

**Monitor's Recommendations:**

1. Continue to build the quality program through collaboration with all disciplines
2. Share your best practices with other organizations